

PROMPT PAYMENT CERTIFICATION AND DEDUCTION

(All items marked with an asterisk(*) are mandatory fields and must be completed)

FROM: (Include complete address)

CERTIFYING ACTIVITY UIC* _____

Page _____ of _____

PIIN/Contract No.:*	SPIIN	Subj. to PP*	Contract on EDA	Discount Terms
		YES NO	YES NO	
Invoice No.:*	Circle One PP FP	Brief Description of goods/services and quantity:		
Invoice Date:*(YYMMDD)	Material Receipt Date:*(YYMMDD)	Mat'l Accept Date:*(YYMMDD)	Invoice Receipt Date:*(YYMMDD)	
Date Forwarded:*(YYMMDD)	Gross Amount:*	Amount of Deduction:		
Amt. Certified for Payment*	Reason for Deduction			

* ALL ACCOUNTING FIELDS BELOW ARE MANDATORY. TOTAL OF LINES PROVIDED MUST EQUAL AMOUNT CERTIFIED

ACRN	APPROPRIATION	SUBHEAD	OBJ CLASS	BCN	SA	AAA	TC	PAA	COST CODE	AMOUNT
REQUISITION #			CLIN	SLIN	QUANTITY		Brief Description of goods/services			

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I certify that the accounting data provided is accurate, funds have been obligated in appropriate accounting system and changes have been applied to the appropriate accounting classification reference number (ACRN); available funds have been decremented for the amount approved for disbursement and will not be de-obligated; and the invoice is correct and proper for payment.

Signature*

Date*

Printed Name and Title*

Phone Number*

E-Mail Address

CONTINUATION SHEET

PROMPT PAYMENT CERTIFICATION AND DEDUCTION

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Page _____ of _____ Invoice # _____

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